

Missouri Title V Facts:

Substance Use

Background

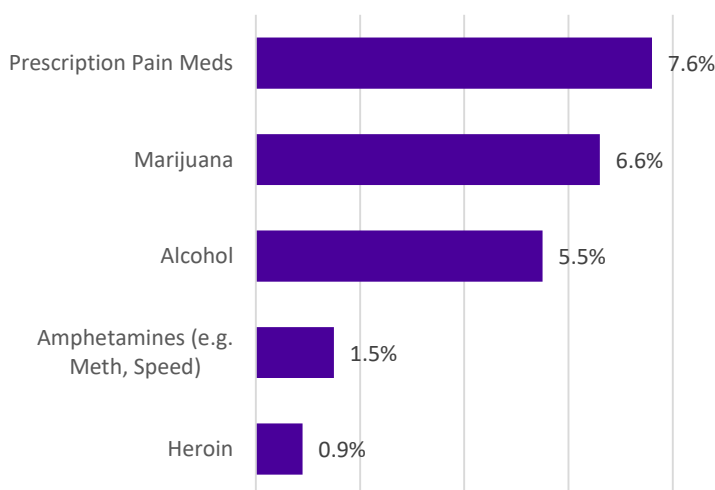
Substance use refers to the act of engaging in the harmful or hazardous use of psychoactive substances which include alcohol, tobacco, and prescription/illicit drugs. The repeated use of these substances can cause someone to develop a dependence syndrome – often leading to an increased desire to continue using the substance and a difficulty in controlling its use¹. Often enough, substance use disorders are found to be comorbid, occurring in combination with other mental health conditions, such as depression, anxiety, schizophrenia, or bipolar disorder. This may be because certain mental health conditions can affect a person's decision-making process or have an effect in changing someone's mood or behaviors. It is estimated that in the United States, people with psychiatric disorders purchase nearly 44% of all cigarettes sold. It is believed that smoking is one of the reason why people with mental health disorders experience more physical health problems and tend to die younger than those without mental health disorders².

Substance Use While Pregnant

Across the United States over 27 million Americans aged 12 and older say they have used an illicit drug in the past month — a statistic primarily driven by marijuana and misuse of prescription pain relievers³. For women who are pregnant, or who may become pregnant, this is especially important because substance use can be associated with fetal growth restriction, stillbirth, and preterm birth. Substance use may also cause problems with neurological development, resulting in hyperactivity or even poor cognitive function. Results from the 2017 National Survey on Drug Use and Health showed significant increases in substance use,

particularly marijuana, among young women aged 18-25. Pregnant women were also shown to be using substances in greater numbers which included significant increases in their daily or near-daily use⁴.

Figure 1. Substance Use Among Pregnant Women in Missouri, MO PRAMS 2018



In addition to collecting information about mother's behaviors and experiences surrounding the birth of their child, Missouri's Pregnancy Risk Assessment Monitoring System (PRAMS) also collects data regarding substance use during pregnancy. Among women in 2018 who indicated that they used substances while pregnant, the most common

substance used was prescription pain relievers (7.6%) followed closely by marijuana (6.6%) and alcohol (5.5%). In 2018, 1.5% of women said they used amphetamines, such as speed or methamphetamine, during pregnancy – an increase from 0.7% in 2016⁵. The Substance Abuse and Mental Health Services Administration (SAMHSA) has stated that methamphetamine overdose death quadrupled between 2011 to 2017, and have designated methamphetamine use as an emerging trend in substance misuse⁶.

As light has been shed on the growing opioid epidemic across the United States, its effect on the health of women in Missouri has started to become clearer. Deaths from opioid overdoses have increased among all Missourians over the last 5 years, but black females are dying from opioid overdoses at nearly twice the rate as white females. The highest rates of deaths are seen during ages 25-34 which are prime child-bearing years for women. Across the state of Missouri, the counties with the highest rates of overdose deaths tend to be clustered around the St. Louis area⁷.

Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome, or NAS, is a drug withdrawal syndrome that occurs primarily among opioid-exposed infants shortly after birth. While in utero, a baby with NAS can experience poor fetal growth or even be born prematurely. After birth, babies often endure prolonged hospitalization to treat their withdrawal symptoms and can experience poor postnatal growth, dehydration, and seizures. In Missouri, rates for NAS have stabilized after a rapid statewide increase in previous years. In 2018, 490 babies were discharged from Missouri hospitals after being treated for NAS – down slightly from 567 babies in 2016. Even though overall NAS rates have stabilized, black babies are still at a much higher risk to experience NAS than white babies – 88 per 10,000 live births compared to 57 per 10,000 live births, respectively^{8,9}.

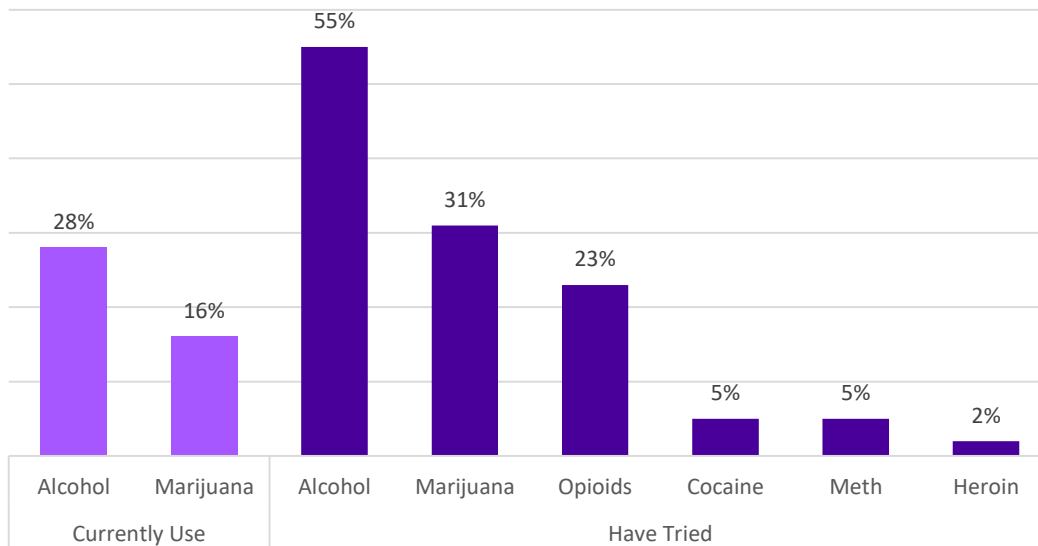
Quick Facts – Substance Use in Missouri

Figure 2. Youth Substance Use Estimates, SAMHSA 2016-2017¹⁰

SAMHSA estimates that among youth aged 12-17 in Missouri...		
17,000 have some sort of substance use disorder	27,000 smoked marijuana in the past month, 55k smoked in past year	16,000 misused opioids in past year

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Figure 3. Percent of Missouri High School Students who Have Tried/Currently Use Substances, MO YRBS 2019¹¹



What is Being Done?

MOHOPE project: Provides training and tools for overdose prevention and reversal to wide range of professional and community members. Works to raise awareness and knowledge surrounding the ongoing opioid crisis. Encourages evidence-based approaches to the prevention and treatment of opioid disorders¹².

Missouri House Bill 2280: Medicaid expansion for postpartum women seeking/receiving treatment for SUD: During the 2018 Legislative Session, the Missouri General Assembly enacted House Bill 2280, extending the eligibility coverage period for women receiving Medicaid benefits who have recently given birth and assessed by a qualified physician, licensed medical provider, qualified addiction professional or licensed mental health professional as needing substance use disorder (SUD) treatment. The additional benefits will provide access to continuous SUD and mental health treatment in the most cost effective manner while demonstrating improved outcomes for Medicaid participants. Because of the many stress factors placed upon women who have recently given birth, it is critical for treatment of SUD and mental illness to be available and accessible during the postpartum period¹³.

MOM (Maternal Opioid Misuse grant): This grant, awarded through Centers for Medicare and Medicaid Services (CMS), provides funding to combat opioid misuse among expecting mothers and to improve care for the children impacted by the opioid crisis. Its overall goal is to improve the quality of care, increase access to treatment based on state-specific needs, and reduce the expenditures associated with the opioid crisis¹⁴.

Overdose Data to Action: A 3-year cooperative agreement with the CDC, beginning in September 2019, which allows recipients of funding to collect information from emergency rooms about

suspected overdoses and disseminate the descriptions of those cases using death certificates, toxicology reports and medical examiner/coroner reports. Awardees then use this data to strengthen prevention efforts across their community, territory, or state by improving state-local integration, strengthening prescription drug monitoring programs, establishing linkages to care, and improving provider and health system support¹⁵.

Enhanced State Opioid Overdose Surveillance (ESOOS): A grant awarded by the CDC in 2017 that allows states to collect more information surrounding fatal and nonfatal overdoses and to identify the risk factors associated with fatal overdoses. States must also use the funding to disseminate their findings to key stakeholders to inform them of prevention and response efforts related to opioid-involved overdoses; and provide support for coroner and medical examiners through comprehensive toxicology testing¹⁶.

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